

PART B - FEE(S) TRANSMITTAL

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7590

06/14/2006

Kelli N. Watson, Esq.
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600 13th Street, N.W.
Washington, DC 20005

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/601,700	06/24/2003	Christopher L. Schardl	50229-343	7548

TITLE OF INVENTION: LOLINE ALKALOID GENE CLUSTERS OF THE FUNGAL ENDOPHYTE NEOTYPHODIUM UNCIATUM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	09/14/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
GEBREYESUS, KAGNEW H	1652	435-252300

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>McDERMOTT WILL &</u> 2 <u>EMERY LLP</u> 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

09/13/2006 MBERHE1 00000104 10601700

FC:2501 /00.00 DA

62 56 1504 300.00 DA

03 FC:0001 6.00 DA

UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION LEXINGTON, KENTUCKY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies TWO

4b. Payment of Fee(s):

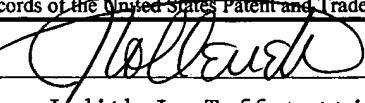
A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 500417 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature


Judith L. Toffenetti

Date September 12, 2006

Typed or printed name

Registration No. 39,048

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